

PRODUCT TYPES

There are several ways to access health insurance services, referred to as product types. Listed below are the different product types and how you access the services.

Traditional Fee-for-Service (FFS) plans allow an individual to go to the doctor of his or her choice and then submit the claim.

Health Maintenance Organization (HMO) plans provide services through a network of doctors, hospitals, laboratories, and other providers. When you enroll in an HMO, you may be required to select one doctor as your primary care physician (PCP) to manage all your health care needs. In most cases, you will have to contact your primary care physician first, regardless of the type of care you need. Your physician will then refer you to an HMO-approved specialist for additional care, if necessary.

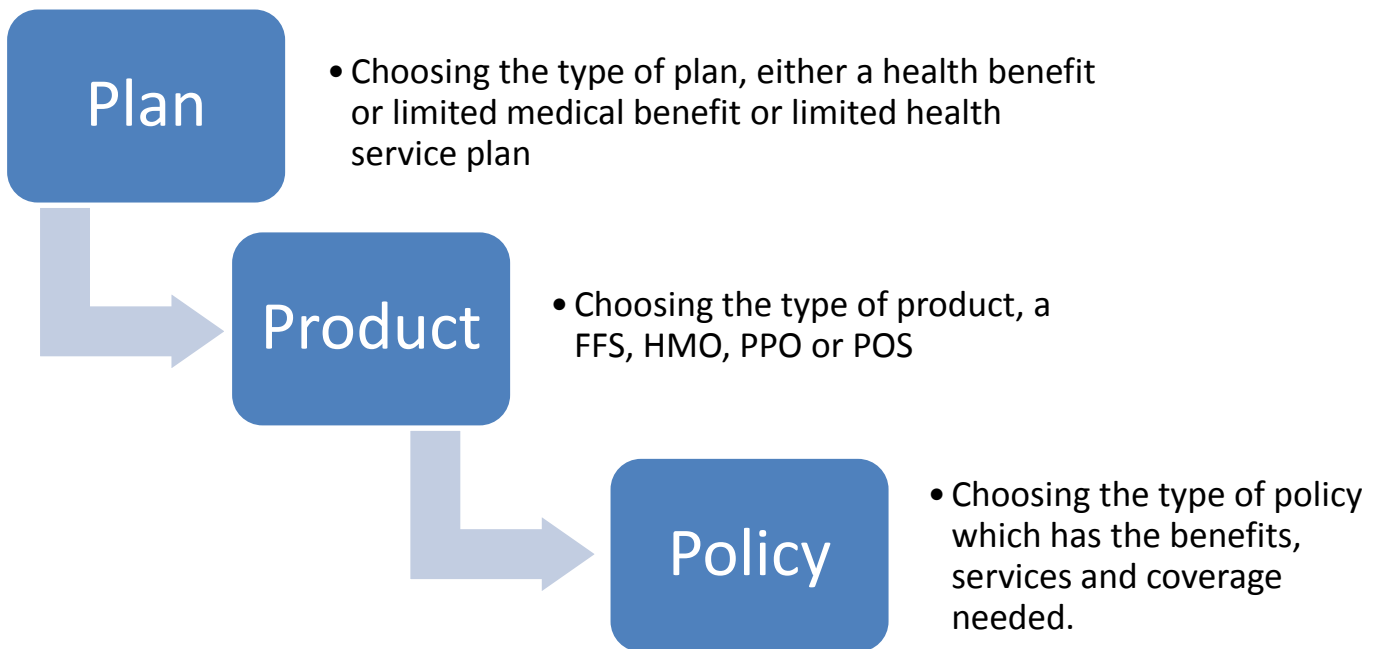
Preferred Provider Organization (PPO) is a group of doctors, hospitals, and other providers who have agreed to provide services to members of a health plan through participation in a network. However, benefits also are available when you use providers who are not participating, commonly known as out-of-network. If you use a provider who is not on the approved PPO list, your out-of-pocket expenses may be higher.

Point of Service (POS) is similar to an HMO in that you select a primary care physician (PCP) to manage your health care needs and give referrals to network providers. A POS also gives you the option to see a provider outside the network. However, if you leave the network, the plan pays at a reduced rate and you will have more out-of-pocket expenses.

Each of these product types (FFS, HMO, PPO or POS) may have multiple types of policies available within the type of plan (health benefit plans or limited medical benefit plans or limited health service benefit plans). You should identify the:

- type of plan (health benefit plans or limited medical benefit plans or limited health service benefit plans);
- product type (FFS, HMO, PPO or POS);
- type of policy; and
- costs

to decide which provides the benefits, services, and coverage that best meet your health insurance needs.



Listed below are links which identify companies selling health benefit plans or limited medical benefit plans or limited health service benefit plans in Kentucky.

- ❖ [Companies Selling In Kentucky's Individual Market](#)
- ❖ [Companies Selling Short-Term Major Medical Insurance in Kentucky](#)

Be aware that if you submit an application to a health insurer, that insurer can decline to write your health coverage if you do not meet its underwriting criteria.